

| CLAIMS ONLY | | | | | | | Application Number 10-750428 | | Filing Date | | |
|---------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------|-------------|-------|--------|
| | | | | | | | Applicant(s) | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend |
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| Total Indep. | 3 | | | | | | Total Indep. | | | | |
| Total Depend. | 21 | | | | | | Total Depend. | | | | |
| Total Claims | 24 | | | | | | Total Claims | | | | |

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep. | 3 | | | | | |
| Total Depend. | 21 | | | | | |
| Total Claims | 24 | | | | | |

May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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